

08 FEB 2006

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

601541182

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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38	/		/			
39	/		/			
40	/					
41	4					
42	1					
43	2					
44	2					
45	4					
46	4					
47	1					
48	5					
49	1					
50	5					
TOTAL IND.	2		1			
TOTAL DEP.	95	↔	88	↔		↔
TOTAL CLAIMS	97	QR	39	QR		QR

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
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100						
TOTAL IND.		↓				
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		QR		QR		QR